

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

16/526,453

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51							
2		1					52							
3							53							
4		1					54							
5							55							
6		1					56							
7		2					57							
8	1						58							
9		1					59							
10	1						60							
11		10					61							
12		5					62							
13		10					63							
14		5					64							
15		1					65							
16	1						66							
17		1					67							
18		1					68							
19		1					69							
20		10					70							
21		5					71							
22	1						72							
23		1					73							
24		1					74							
25	1	2					75							
26		10					76							
27		1					77							
28		1					78							
29		1					79							
30		1					80							
31		1					81							
32		1					82							
33		1					83							
34		1					84							
35		3					85							
36		1					86							
37		5					87							
38		30					88							
39		5					89							
40		10					90							
41		5					91							
42		10					92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	16	↓		↓		↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.	38	←		←		←	TOTAL DEP.		←		←		←	
TOTAL CLAIMS	44						TOTAL CLAIMS							